## Foster Family Home - Corrective Action Report

**Provider ID:** 1-560913 **Home Name:** Lydia Ramiscal, CNA **Review ID:** 1-560913-11 94-185 Hulahe Street Reviewer: Jackie Chamberlain Waipahu HI 96797 Begin Date: 4/14/2021 **Foster Family Home** [11-800-6] **Required Certificate** 6.(d)(1)Comply with all applicable requirements in this chapter; and Comment: 6(d)(1) CCFFH inspection made for a 3 bed re-certification. Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection **Foster Family Home Client Care and Services** [11-800-43] Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may 43.(c)(3) delegate client care and services as provided in chapter 16-89-100. Comment: 43.(c)(3)No RN delegation present client # 1 no delegation for for any caregiver client # 2 for for caregivers to quickly access **Foster Family Home** [11-800-47] **Medication and Nutrition** 47.(d)(1) By order of a physician; Comment: 47 (d)(1) - Unable to locate physicians order f for client # 1, #2. **Foster Family Home Client Account** [11-800-48] 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home. Comment: 48.(a) no written account of clients funds present for client # 1 **Foster Family Home** [11-800-54] Records 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department; 54.(c)(5) Medication schedule checklist: Comment: 54.(c)(2) Service plan for client # 2 has the service plans lists steps to ta PCG states only "call 911' no handout for caregivers 54.(c)(5)Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders. Date

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